

**OHIO UNIVERSITY
DEPARTMENT OF SOCIAL WORK
FIELD INSTRUCTOR AFFILIATION AGREEMENT**

(Please complete this form for each field instructor requesting department approval)

FIELD INSTRUCTOR:

Field Instructor Name and Credentials:

Address, Phone, E-Mail, Fax # or Website:

Academic Qualifications (include degrees, when and where received):

Professional Experience Related to Social Work (include years of experience in social work or human services):

Please address your experience and views regarding the following:

Commitment to social work values and education:

Interest in and experience in teaching or supervision:

Knowledge of the community and its resources:

Capacity to integrate academic content and issues of diversity with the field curriculum:

Please address your scope of practice (i.e., areas of specialization with respect to social problems, modalities and interventions, populations, and settings):

Please indicate level(s) of field instruction in which you seek to participate (undergraduate generalist, MSW foundation, MSW clinical specialization, and/or MSW policy and administration specialization):

Field Instructor Responsibilities:

Yes/No (circle) I agree to participate in pre-placement activities such as attendance at the Field Placement Fair (undergraduate), pre-placement interviews, and completion of the annual program and field evaluation survey.

Yes/No (circle) I agree to assume responsibility for orienting students to the agency, including a description of the agency's expectations of the student, a briefing on the use of support staff, and training on use of office equipment. Further, background information about the agency and agency policies will be included in this orientation. An orientation to other appropriate social services in the community will also be provided.

Yes/No (circle) I agree to interface with the agency on the student's behalf whenever necessary.

Yes/No (circle) I agree to participate in all required field instructor training opportunities, including but not limited to Field Instructor Orientation Trainings.

Yes/No (circle) I agree to assist the student in preparing the required Learning Contract each quarter, to be compatible with the department's goals and objectives. All assignments in the learning contract will reflect curriculum goals, outcome objectives, and an appropriate action plan.

Yes/No (circle) I agree to hold weekly educationally focused supervision conferences with the student. I agree to the department's expectation of one hour of formal supervision to be provided individually or in a group supervision format per week. During these weekly conferences, the learning contract, the student's performance, and any issues or deficiencies noted during the past week will be discussed.

Yes/No (circle) I agree to work with the field liaison to coordinate an agency on-site conference between the student, field liaison, and myself at least twice during the undergraduate and second-year graduate field sequence and once during the foundation field sequence.

Yes/No (circle) I will be responsible for preparing an end-of-quarter evaluation, to include participation of the student, using department guidelines. I agree to complete this evaluation and make arrangements for the evaluation to be sent to the field liaison by the designated date. I agree that the assigning of an evaluation grade is the responsibility of the field liaison.

Yes/No (circle) I agree to deal with any problems in the student's field performance in accordance with the department's "Student Performance Problems in Field Instruction" policy.

Yes/No (circle) I agree to participate in and to allow my assigned student(s) to participate in additional supervision as may be required by the social work department to meet credentialing requirements by the Council on Social Work Education.

In signing this application, the agency director and field instructor are indicating acceptance of the field instructor's responsibilities included herein:

Field Instructor's Signature

Date

(Print Name)

Agency Director's Signature

Date

(Print Name)

For Department of Social Work Use Only:

Field Instructor Approval:

___ Yes

___ No

Field Education Director's Signature

Date